

**Form 21. STATEMENT OF SOCIAL SECURITY NUMBER**

**UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois  
Eastern Division**

In re )  
David J Molenkamp, Debtor )  
 )  
Melissa L Molenkamp, Melissa Bockelmann )  
 )  
 ) Joint Debtor )  
Address ) Case No.  
438 Sunnybrook Lane )  
Wheaton, IL 60187 ) Chapter 7  
 )  
 )  
Employer's Tax Identification (EIN) No(s). [if any]: )  
 )  
Last four digits of Social Security No(s).: [if any] )  
7728, 3668 )

**STATEMENT OF SOCIAL SECURITY NUMBER(S)**

1. Name of Debtor (enter Last, First, Middle): Molenkamp, David, J

(Check the appropriate box and, if applicable, provide the required information.)

Debtor has a Social Security Number and it is : 333 - 82 - 7728

(if more than one, state all. )

Debtor does not have a Social Security Number.

2. Name of Joint Debtor (enter Last, First, Middle): Molenkamp, Melissa, L

(Check the appropriate box and, if applicable, provide the required information.)

Joint Debtor has a Social Security Number and it is : 334 - 78 - 3668

(if more than one, state all. )

Joint Debtor does not have a Social Security Number.

I declare under penalty of perjury that the foregoing is true and correct.

X s/ David J Molenkamp 11/26/2008  
Signature of Debtor Date

X s/ Melissa L Molenkamp 11/26/2008  
Signature of Joint Debtor Date

\*Joint debtors must provide information for both spouses.

Penalty for making a false statement: Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571.